

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2603

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.

Name EFRAIM DANIEL

P.O. Box, Bldg., Room No., if any Suite 500

Street 1101 CONNECTICUT AVE, N.W.

City WASHINGTON

State D.C. ZIP Code + 4 20036

4. Name, file number, and address of labor organization.

Name NAT'L Postal Mail HANDLERS Union

Labor Organization File Number 000-505

P.O. Box, Building and Room Number, if any Suite 500

Street 1101 CONNECTICUT Ave, N.W.

City WASHINGTON

State D.C. ZIP Code + 4 20036

5. Position in labor organization. Western Regional Vice President

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Efraim Daniel

On

5/13/06
Date

202 833-9095
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **FIRST Health**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **3200 Highland Ave.**

City **Downers Grove**

State **ILLINOIS** ZIP Code + 4 **60515**

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

ADMINISTRATOR of HEALTH PLAN

11.b. Approximate dollar value of such dealing.

Over 1 Billion

12.a. Nature of interest held or income received.

(SEE ATTACHED)

12.b. Amount.

\$ 1245.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Attachment to LM-30
Efraim Daniel
U-2603

12a

2/3/2005	
Dinner and Refreshments	\$100.00

2/16/2005 to 2/18/2005	
Room, Meals, Refreshments and Entertainment	\$640.00

3/4/2005 to 3/5/2005	
Meal and Refreshments	\$120.00

4/1/2005	
Refreshments	\$20.00

7/22/2005	
Meal	\$25.00

8/4/2005 to 8/5/2005	
Meals	\$40.00

10/7/2005 to 10/8/2005	
Meals and Refreshments	\$300.00

12b

Total	\$1245.00
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